

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on May 23, 2003.

I. DISPUTE

Whether there should be reimbursement for CPT Codes 97035, 97014, and 97010 for dates of service June 19, 2002 through June 26, 2003.

II. RATIONALE

- CPT Code 97035 for dates of service 06/19/02 through 06/26/02 denied for “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic pharmaceutical paid at the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(iii) submitted relevant information supports the delivery of service. Reimbursement in the amount of \$88.00 (\$22.00 x 4) is recommended.
- CPT Code 97014 for dates of service 06/19/02 through 06/26/02 denied for “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic pharmaceutical paid at the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted relevant information supports the delivery of service. Reimbursement in the amount of \$60.00 (\$15.00 x 4) is recommended.
- CPT Code 97010 for dates of service 06/19/02 through 06/26/02 denied for “F – Payment is reduced from the billed amount in accordance with TWCC Fee Guideline’s maximum allowable reimbursement, including generic pharmaceutical paid at the brand name price because its lower”. Respondent denied according to the Fee Guideline, \$0.00 is not in accordance with the fee guideline. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(A)(9)(a)(ii) submitted relevant information supports the delivery of service. Reimbursement in the amount of \$44.00 (\$11.00 x 4) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97035, 97014, and 97010 in the amount of \$192.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$192.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 20th day of April 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

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